



# HOME CARE AIDE TIMESHEET/DAILY LOG

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License #374700050

CLIENT NAME (First, MI, Last) \_\_\_\_\_

CLIENT ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

HOME CARE AIDE NAME (First, MI, Last) \_\_\_\_\_

For the week of **Sunday** \_\_\_ / \_\_\_ / \_\_\_ thru **Saturday** \_\_\_ / \_\_\_ / \_\_\_  
MM DD YY MM DD YY

My signature below affirms I have reported all time worked accurately for this assignment and during this payroll period. I have taken all rest periods as required by law. I have reported any work related injury or illness.

	DATE	TIME IN	MEAL OUT	MEAL IN	TIME OUT	DAILY HOURS
SUNDAY AM / PM						
MONDAY AM / PM						
TUESDAY AM / PM						
WEDNESDAY AM/PM						
THURSDAY AM / PM						
FRIDAY AM / PM						
SATURDAY AM / PM						
<b>TOTAL WEEKLY HOURS</b>						

**NOTE: ALL timesheets must be received every Sunday by 10:00 AM following the week worked.** Blank Timesheets can be found online at [www.CuraHomeHealth.net](http://www.CuraHomeHealth.net).

I understand I am entitled to a paid 10-minute rest break when working the greater portion of 4 hours.

Misc Reimbursement (mileage, client expenses, etc)

CLIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

HOME CARE AIDE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>BATH</b>	Bath / Shower							
	Dressing							
	Shampoo / Shave / Grooming							
	Oral Care / Dental Care							
<b>BLADDER/ BOWEL</b>	Toilet / Commode							
	Incontinence Care							
	Peri Care							
<b>AMBULATION</b>	Assist with Transfer							
	Bedbound							
	Weight Bearing: Full / Partial							
	Queing							
	Walker / Wheelchair / Cane							
<b>ROM</b>	Range Of Motion L R							
<b>SKIN / SENSORY</b>	Lotion to Skin							
	Nail Care							
	Turn & Position							
	Non-Sterile Dressing Change							
	Glasses / Contacts							
	Hearing Aides L R							
<b>MEALS</b>	Restrict Fluids/Push Fluids							
	Feed Client							
	Meal Prep B L D SN							
	Supplement Given							
	Vitals							
<b>HOUSEHOLD SERVICES</b>	Vacuum							
	Laundry							
	Kitchen/Dishes							
	Bathroom(s)							
	Empty Garbage							
	Make Bed / Change Linen							
<b>OTHER</b>								
<b>VITALS</b>								

COMMENTS (changes in client's condition must be documented): \_\_\_\_\_